

**Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue
Baltimore, Maryland 21228**

(410) 402-8509

DENTAL RADIATION TECHNOLOGIST

**2011 RENEWAL INSTRUCTIONS
RENEWAL DEADLINE FEBRUARY 28, 2011**

Renewal Instructions:

This is your renewal package for the March 1, 2011 through February 28, 2013 renewal period. Our renewal application has changed. Please carefully read and complete each section of the renewal application, detach the application portion, and return it to our office on or before February 28, 2011.

Your application must be fully completed and signed, in order to be processed. Incomplete forms will be returned and will cause your renewal to be delayed. Applications that are not fully completed, signed, and received by the Board on or before the February 28, 2011 expiration date will subject you to additional fees and possible disciplinary action. **Practicing without a current active certification issued by this Board is a violation of the Maryland Dentistry Act and could result in disciplinary action, including suspension or revocation.**

Address: The Board must, by law, have a valid address for you. The address you provide is the "address of record" that is available for public information requests and the address to which the Board will forward all correspondence. The Board does not send licenses, registrations, or certifications to post office boxes. You must provide a street address. Please provide a telephone number where you can be reached during the day in the event the Board needs to contact you regarding the processing of your application.

Requirements for Renewal: In order to renew your Dental Radiation Technologist certification, you must meet one of the following criteria:

(1) Have actively practiced dental radiation technology for at least 600 hours within the 6 years before the expiration of the certification; **or**

(2) If you have not actively practiced dental radiation technology for at least 600 hours within the 6 years preceding March 1, 2011, you must have completed within the 1 year period preceding the renewal, 8 classroom hours of dental continuing education, 4 hours of which shall be in radiation safety. In addition, you must complete a 2-hour Board-approved course on infection control, which you may take in a classroom or on-line.

Failure to Renew: Applications received on or after April 2, 2011 will not be accepted for renewal. An individual holding an expired certification to practice dental radiation technology may apply for reinstatement if the individual:

- (1) Completes a dental radiation technology reinstatement application; and
- (2) Provides proof of completion within the 1-year period preceding reinstatement of 8 classroom hours of dental continuing education from Board-approved courses, 4 hours of which are on the subject of radiation safety. In addition, you must complete a 2-hour Board-approved course on infection control, which you may take in a classroom or on-line; and
- (3) Pays to the Board a certification reinstatement fee of \$75.00.

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Dental Radiation Technologist Renewal

Certificate Number _____

Notice For Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under Annotated Code of Maryland, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, State Gov't Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

SECTION I – CHANGE OF NAME AND ADDRESS

Law requires certificate holders to notify the Board of a name or address change within 60 days.

Name (Last, First, Middle Initial):	
Street Address:	
City, State, Zip:	

If your name has changed since the last renewal, please submit proof of name change such as a court document or marriage certificate to the Board.

2011 RENEWAL FEES – PAYABLE TO MARYLAND STATE BOARD OF DENTAL EXAMINERS

Dental Radiation Technologist - \$50.00

Please note that a late fee is due for renewals submitted during the period from March 2, 2011 through April 1, 2011.
The late fee is \$25.00.

On or after April 2, 2011, all dental radiation technologists who have not renewed their certification must apply for reinstatement if they wish to obtain Maryland certification. Reinstatement requirements can be found in the Code of Maryland Regulations, Title 10, Subtitle 44, Chapter 19.

SECTION II – GENERAL INFORMATION

A. Social Security Number: - -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Home Phone Number: - -

C. Work Phone Number: - -

D. E-Mail Address:

E. Requested licensure status:

Check one of the following:

- ☐ Active
☐ Do not renew

F. Maryland practice:

Since your last renewal have you practiced in the State of Maryland? ☐ Yes ☐ No

G. Licensure in other states:

List other states or jurisdictions in which you hold a dental radiation technologist certification, or other dental related license. Include certification/license number(s).

State	Certification/License Number

SECTION III - CHARACTER AND FITNESS:

The following questions pertain to the period starting on March 1, 2009 and ending February 28, 2011.

If you answer "YES" to any question(s) in Section III – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

- | YES | NO | SINCE MARCH 1, 2009 |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for certification, licensure, reinstatement or renewal, or taken any action against your certificate or license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment? If you are under a Board Order in a state other than Maryland and the Order was effective on or after March 1, 2009, you must enclose a certified copy of the Order with this application. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for certification or licensure been withdrawn for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Are there any criminal charges against you in any court of law, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical or mental condition that currently impairs your ability to practice dental radiation technology? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Do you illegally use drugs? |

SECTION III – CHARACTER AND FITNESS: (cont)

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you surrendered or allowed your certificate or license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you been named as a defendant in a filing or settlement of a malpractice action? |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons? |

SECTION IV – REQUIREMENTS FOR RENEWAL: Choose one statement that applies to you.

- ☐ a. Active practice requirement. I have actively practiced dental radiation technology for at least 600 hours within the 6 years preceding March 1, 2011.

OR

- ☐ b. Dental continuing education. I have not actively practiced dental radiation technology for at least 600 hours within the 6 years preceding March 1, 2011. I have completed within the 1-year period preceding renewal, 8 classroom hours of dental continuing education, 4 hours of which are on the subject of radiation safety. In addition, I have completed a 2-hour Board-approved course on infection control.

SECTION V – INFECTION CONTROL REQUIREMENTS:

NAME OF INSTRUCTOR OR SPONSOR: _____

CREDIT HOURS EARNED: _____

DATE OF COMPLETION: _____

Release and Certification:

Practice of dental radiation technology without a current certification issued by the Maryland State Board of Dental Examiners is a violation of the Dental Practice Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Dental Examiners may request any information necessary to process my application for dental radiation technologist certification in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my practice as a licensed dental radiation technologist in the State of Maryland, including the subpoena of documents or records.

During the period in which my application is being processed, I shall inform the Board of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, §4-315.

Applicant Signature

Date

